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REMOVAL OF UTERINE TUMOR.

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[Communicated for the Boston Medical and Surgical Journal.]

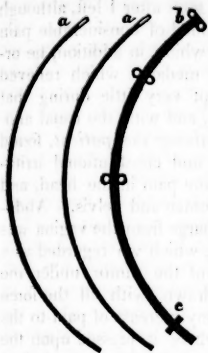
AT the request of Dr. W. R. Stewart, a highly respectable practitioner of Petersburg, Adams Co., Pa., I visited, in consultation with him, Mrs. P. of the same place, on the 26th of Sept. last. From the doctor, Mrs. P., and the mother of the latter, I gathered the following history of the case. The patient is 30 years of age, and has been married four months. Until the age of 22, she enjoyed the benefits of the pure air and healthful exercise incident to country life; her father having been an agriculturist. Up to this period she enjoyed uninterrupted health; removing to the village, however, about this time, and engaging in the sedentary occupation of bonnet-making, her buoyant spirits and ruddy aspect gradually gave place to a paler complexion, with occasional dyspepsia and nervous headache. She menstruated between the ages of 14 and 15 years, and experienced no derangement in this function until April, 1843, about nineteen months before my visit. About this time, without any apparent cause, at a regular catamenial period, she had an alarming attack of "flooding," accompanied by pain which continued for several weeks, leaving her in a very debilitated condition, from which she did not wholly recover during the following summer. In the fall and succeeding winter she in a great measure regained her health, the menses recurring at the regular periods, although the discharge much exceeded the normal quantity. In January last she had a sudden recurrence of the metrorrhagia, which prostrated her very much, and proved as obstinate as the first attack. It again yielded to appropriate treatment, however, but returned at intervals of two or three weeks, being irregular both as to time and the quantity discharged. Considerable pain in the loins, with dragging sensation of the groin, attended this second attack. Notwithstanding this irregular menorrhagic flow, her system again rallied, and she enjoyed tolerable health until the succeeding May, when she had a third attack of uterine hæmorrhage, with the usual accompanying symptoms. She now, for the first time, became the patient of Dr. Stewart. After an exhausting discharge of blood, which was arrested in a few days, she gradually amended, and recovered sufficiently to justify her in forming her

matrimonial connection. The irregular and profuse discharge recurring, however, about two months ago, with other dangerous symptoms, the doctor was induced to propose an examination per vaginam, which was acceded to. Since this time, he has had the patient under constant treatment, the hæmorrhage continuing almost without cessation until the present time. There was no leucorrhœal discharge during the intervals between the menstrual or hæmorrhagic periods. Since May last, there has been a mucous discharge, which was usually tinged with blood. During the period of severe and protracted metrorrhagia, with the other symptoms there was great irritability of the stomach, requiring the most energetic means to allay it.

I found the patient confined to bed, much emaciated, face pale, sallow, and somewhat bloated; skin dry and cool, occasional sensations of chilliness; pains in the hypogastrium, loins and thighs, resembling those of labor, especially in their paroxysmal aggravations; pulse 120, small and compressible; tongue pale, covered with a thin white coat as if flour had been dusted over it; breathing slightly hurried; moderate pain in the head; mind clear; stomach disposed to be irritable, yet tolerating light food and medicine; abdomen free from tenderness, except above the symphysis pubis, where the fundus of the uterus was perceivable, about the size of a very large orange. Upon making an examination per vaginam, my finger immediately came in contact with a large, smooth mass, resting upon the perineum, and filling the pelvic cavity wholly, so that it was with some difficulty that I passed it between the tumor and the parietes of the pelvis. This mechanical pressure of the tumor upon the rectum and urethra, occasionally had given rise to diarrhœa, and sometimes had rendered it necessary to use the catheter for the evacuation of the urine. From the fleshy feel and insensibility of the tumor, added to its white albuginous appearance as seen with the aid of the speculum uteri, I had no hesitation in pronouncing it to be *fibrous*. I introduced the greater part of my hand, and failed to reach the os tincæ, but refrained from any further attempts on account of the tender state of the parts. Following this, there was a discharge of fluid blood from the uterus and coagula from the upper part of the vagina. The profuse discharge of blood from her already debilitated system, added to her intense sufferings, justified me in recommending the removal of the tumor at once, although, from this state of things, I could not entertain very favorable anticipations as to the result. The case was fully stated by Dr. S. and myself to the patient and her friends; the nature of the proceedings necessary for its removal explained, and the dangers to be encountered made known. Convinced that therapeutic remedies were of no service, and that the continued discharge would prostrate the energies of her system irrecoverably, she yielded her consent.

We decided upon the use of the ligature, considering it impossible, on account of the size of the tumor and state of the vagina, to adopt the method of excision so successfully practised by DUPUYTREN and others. For the same reason, none of the instruments heretofore used for applying and tightening the ligature could be used. I therefore devised an

apparatus, consisting of two flexible curved wires, with eyes at one end, and a rigid wire with perforated shoulders, which answered every indication, a sketch and description of which I here furnish you.



a a. Two flexible iron wires, 1-16 inch thick and 10 inches long, each with an eye in one end. b. A rigid steel wire, 1-8 inch thick and 10 inches long, with three perforated projections on each side, for the wires and ligatures to pass through; and another projection to which the ligature is tied after it is passed around the neck of the tumor and brought out through the perforated shoulders of the steel wire b. The ligature is passed through the eye in each flexible wire, and then these are introduced together and the ligature carried around the neck of the tumor; the instrument b is then carried into the pelvis, the wires and ligature threading the lateral perforated projection, through which the former are entirely withdrawn, whilst the ligature is tightened and tied firmly upon c.

The construction of this apparatus delayed the operation until the 23th, two days after my first visit, when I found her still more reduced in strength, yet ready to endure the trials which awaited her. The ligature chosen was a whole skein of fine white sewing silk (fifteen strands), well waxed, and then oiled to make it pass easily through the instruments. To this was added, at the suggestion of Dr. Stewart, a strand of fine "cat gut." The instruments being armed with the ligatures, the patient was placed upon her back, across the bed, with her hips near its edge, as for the application of the forceps. The ligatured ends of the flexible wires were passed up behind the symphysis pubis, until they met with resistance, their convexity presenting anteriorly. The left wire was then given into the charge of Dr. S. until I carried the other around the right side of the tumor, keeping the concavity of the wire towards the tumor; giving this to the doctor, I then passed the left wire, in a similar manner, around the left side, bringing them in contact and parallel to each other in the hollow of the sacrum, projecting about two inches from the os externum. The neck of the tumor being thus surrounded by the ligature, the rigid wire was passed into the pelvis, and the other wires and ligatures withdrawn through its perforated shoulders. The ligature was then firmly drawn, and not increasing the pain, we felt satisfied that nothing but the insensible tumor was included, although the ligature was eight inches above the os externum. From previous measurement of the whole ligature, and the distance between the shoulders of the apparatus, from which we deducted the ends of the ligature, outside of the proximal shoulder, we ascertained the circumference of the neck of the tumor to be $9\frac{1}{2}$ inches after the ligature was tightly drawn. The introduction of the instruments was attended with considerable pain, and accompanied by some nervous twitchings or spasms, owing to the exalted morbid sen-

sibility of the vulva, vagina and uterus. After advising the exhibition of an anodyne and a digestible and nutritious diet, I left the patient in the hands of Dr. Stewart.

Sept. 30, 3 P. M.—Dr. S. informed me that soon after I left, although the anodyne had been given, the patient complained of considerable pain in the hypogastric and pubic region, to relieve which, in addition, he ordered rubefacient applications and gave laxative medicine which relieved the more urgent symptoms. The patient slept very little during that night. Next day she was tolerably comfortable, and with the usual anodyne slept part of the succeeding night. *Examining the patient*, found her with all the symptoms of increasing debility and constitutional irritation; pulse 145, small, quick, but not hard; some pain in the head, and an increase of pain in the lower part of the abdomen and pelvis. Abdomen more enlarged than at the last visit. Discharge from the vagina was of chocolate color, and exhaled a putrid odor, which we regarded as a sign of commencing gangrenous decomposition of the tumor, under the ligature. The ends of the ligature were again drawn (with all the force that it was thought capable of bearing) without any increase of pain to the patient, except that caused by the instrument, where it pressed upon the vulva, vagina, &c. The tumor under the ligature now measured eight inches in circumference. It was agreed that the anodyne medicine, &c., be continued, and that Dr. Stewart tighten the ligature next day.

Visited the patient again Oct. 3d, 10½ A. M. Dr. Stewart informed me that our patient had been very ill since my last visit; that he had resorted to such general and local treatment as the case seemed to require; that the catheter had to be introduced much more frequently than at any time previously, and that he had drawn the ligature one inch on the previous day. Found the patient suffering very much from an increase of pain in the abdomen, which was now so much distended as to be equal to the 6th month of gestation; general soreness over the body; pulse 140, rather fuller and more tense than at any previous visit; tongue covered with thick white coat; has had some thirst; skin warm and dry; breathing more hurried. Discharge from the vagina intolerably fetid, notwithstanding every precaution to correct it. The os externum swollen and tender; touching the protruding extremity of the instrument gave increase of pain. Supposing the tumor to be deprived of vitality and in a decomposing state, I withdrew the instrument. This was accompanied by a discharge of fetid gas and matter, which evidently proceeded from the uterine cavity, in which they had been generated by the decomposition of the tumor there. Being now satisfied that the abdominal enlargement was owing to *physemetra*, I suggested to the doctor that he should, as soon as he could, again visit the patient, introduce a large gum catheter for the purpose of evacuating the air and matter contained within the uterine cavity—to continue treatment, with the addition of dry cups to the sacrum.

Oct. 5, 11 A. M.—Met Dr. S. in his office, where he exhibited the tumor to me, informing me that it was expelled on the evening of the previous day, a little more than six days after the first application of the

ligature. Previous to its expulsion he introduced the catheter and gave vent to a large quantity of fœtid gas, which was forcibly expelled, and followed by about two pounds of dark, offensive matter, containing flocculi or shreds of decomposed fibrous matter. The expulsive pains increased soon after this, and recurring at intervals, forced the tumor wholly into the pelvis, producing so great pressure upon the urethra that the smallest sized catheter could scarcely be passed into the bladder. These pains continuing, aided by the blunt hook in the hands of Dr. S., the tumor was forced through the vulva—a most offensive putrid mass, greatly reduced in size by sloughing and putrefactive decomposition. Its weight was found to be *three pounds*. Allowing that only one half as much as remained had sloughed and dissolved away, which is a moderate estimate, the original weight of this tumor must have been four and a half pounds.

Found the patient much better; pulse 112; pains relieved; abdomen reduced to the natural size, and the discharge from the uterus very trifling. I refrained from making an examination per vaginam, on account of the remaining tenderness of the parts. She had slept pretty well last night; has a desire for food, and the emunctories of the system seem to be recovering their normal condition.

Oct. 10.—Visited the patient, and found her improving. Since my last visit, Mrs. P. has had soreness of the mouth and throat, with a copious discharge, precisely as if she had been salivated; but not having taken any mercurial medicine that could have had that effect, and no mercurial odor being discoverable, we must look to some other cause for this unwelcome visitor. Upon inquiry, I found that there had been no discharge from the uterus for several days, and that it had been but trifling ever since the tumor came away. This, I suppose, affords a solution of the difficulty, for it is a well-established law in pathology, “that when an organ in which a particular matter had been generated from the blood normally, or for a certain length of time abnormally, is removed, or has its action suppressed, the matter will be discharged vicariously by some other organ.” These symptoms have again subsided, and the patient may be considered convalescent. Made an examination, and found the vulva and vagina somewhat swollen and tender, and reaching the os tinæ (for the first time) found it closed and hypertrophied, as it is a few weeks after parturition.

The subject of uterine tumors has been presented to the profession very extensively by European practitioners within the last few years. In this country, judging from the comparatively few cases reported, this disease is met with very seldom; and this is the more worthy of remark, since by a comparison of the circumstances which influence the physical condition of females in the two hemispheres, a more correct ætiology may be arrived at, for it must be admitted that this subject has not yet been fully elucidated. Prof. W. P. Dewees, late of Philadelphia, whose experience, in all the diseases of females, was very great, had not met with a single case of uterine tumor, during thirty years of his practice; whilst Dupuytren, of Paris, operated in upwards of 200 cases in twenty years!! Others, such as Lisfranc, Boivin, &c., of the Continent; and Hodgson,

Ingleby, Waller and Lee of Great Britain, have reported large numbers of cases; whilst the few reported in this country show an almost entire immunity from this disease on the part of American females. Supposing that reports of cases may prove useful, by furnishing data for future pathological investigations, I have sent you this case for publication in your valuable Journal, hoping, also, that some of its details may afford hints to the young practitioner when called to treat similar cases.

Gettysburg, Pa., Oct. 10, 1844.

SOME ACCOUNT OF THE EPIDEMIC "GRIPPE."

In a Letter from Dr. Alexander McCall, of Tennessee, to Dr. S. G. Morton, of Philadelphia.

[Communicated for the Boston Medical and Surgical Journal.]

DEAR SIR,—I will make a few suggestions in reference to the epidemic now called "the grippe," without inviting a high degree of confidence in the correctness of my opinions. It is now twenty years since my professional duties ceased. During that period, engagements have caused me to traverse the United States south of New York, the Lakes and Michigan, very extensively, my line of travel being above one hundred thousand miles. In a cursory manner I have had observation of numerous sporadic and epidemic forms of disease.

The *grippe* first appeared in the Mississippi Valley in 1832, as a concomitant of cholera Asiatica, and has been left as the legacy of that affection. Along the seaboard, main roads, canals, and steam lines, these diseases first extended; and from cities and chief interior hotels, spread over the land until few points have escaped their devastating influence. The cholera lost its distinctive features during the year 1833-34; but the career of the *grippe* is still onward, time after time revisiting the same districts. Both diseases with remarkable pliancy combine with all epidemics and other maladies, assigning to them some of their own peculiarities, and largely increasing the average of yearly mortality. Among one hundred persons promiscuously affected by *cholera* or *grippe*, about ten will be dangerously attacked, and three cases of the number will be fatal. The *grippe* is the more formidable disease, because of its more tenacious occupancy wherever it appears.

In cholera and *grippe*, an invariable incipient trait is inability of the brain, the spinal cord, the ganglions, and of the general nervous system, to preserve the electro-galvanic properties in a due state of *vitality*; the unity of action among the various organic functions is broken or arrested, often inducing death at the very onset of the attack. Reluctant as all should be to admit the contagious character of diseases, it must be confessed that during the inflammatory stage of *pulmonic grippe*, it is highly communicable in close rooms, and particularly to those having constitutional affinities with the sick. I cannot assume that all contagions were coeval with man's race, nor that any disease is transferable under all contingencies. Yet, it is certain, sound persons acquire special affections under

appropriate circumstances from diseased parties, the effect being always more or less dependent on peculiar chemical results then and there accruing.

In Yucatan and Havana, on the departure of patients having pulmonic grippe, bedding and furniture are burned and the walls purified; and from a common-sense conclusion many travellers in the United States, for years past, have declined to occupy berths in steamers or beds in hotels, where the greatest precautions of cleanliness are not apparent. Every clinical observer must have remarked, that by placing his hand upon patients affected with typhus or acute bilious fever, with cholera, or yellow fever, very different sensations, more or less painfully unpleasant, are severally imparted to himself. This is no less true with regard to the febrile state of grippe; and besides this, a sensation of prickling resembling the crawling of insects is felt on the skin of a sound person coming in close contact with the fomites, or breath or continued touch of the grippe patient.

The *Analogues* of grippe and of cholera are not to be found in the modern types of disease in the United States, but must be sought for in frambesia of the West Indies, the chronic sore throat of Mexico, the elephantiasis and satyriasis of the African shores, and the milder form of the plague along the Asian coast of the Indian Ocean, or in the psuedoleprous affections of the *Levant*. It is true, for a long time, among the blacks of the Southern States, a disease called African consumption has prevailed, which exhibits many resemblances to pulmonic grippe. I have, however, concluded that grippe is a disease *sui generis*, and that with all its aptitudes to modification from other maladies, it has power to preserve its own peculiarities. A distinguishing feature in the grippe is inflammation of the cellular tissue, *always* partaking more or less of an erysipelatous character. Purulent collections are diffused, and are rarely embraced in distinct sacs. In all mild and in many very severe cases, the mucous tissues become extensively inflamed, at first pouring out very white adherent mucus in extraordinary quantity; from the fauces tough white lumps are ejected, susceptible of rolling on the floor, and more tenacious than coagulated lymph or blood, and like newly-drawn blood give off a fleshy odor, and from the upper air cells very compact shot-formed parcels are copiously expectorated. Upon a partial resolution of the febrile action, the secretion becomes yellowish, dissolved, very thin and copious, both from the lungs and the Schneiderian membrane.

The patient is much inclined to sleep, and complains but little of the many urgent symptoms of his danger. Early after a chill, blood extracted is very thick and black, without buff. In later stages, especially if the body of the lungs is sustaining much danger, the blood becomes highly reddened, and is very serous, with few globules. In mild cases, the disease assumes the character of common influenza, subsiding in seven to nine days, but relapses are very frequent, attended with chills and disturbance of the brain and the respiratory functions.

Neuralgic pain, resembling that of *dengue* or *tic douloureux*, is a frequent symptom, as well as aching of the spine and larger bones. Often the nerval theca, constricted upon a nerve at its point of exit from some

bone, causes tumefaction and intense local pain. When such constriction happens upon the optic nerves at their exit from the brain, the inflammation sometimes causes the rupture of the visual membranes within the first twenty-four hours. One or more of the limbs now become cold and rigid, with occasional severe muscular spasms, and soon delirium or intense stupor, attended with stertorous breathing, is the prelude to death. Partial blindness, with no little confusion of intellect for weeks or months, are symptoms of numerous cases which finally do not result unfavorably. The entire spinal column labors under disabilities, as also do the ganglionic structures, even when the brain seems but slightly affected, because the nerves for receiving and disbursing certain vivifying energies are impaired by thecal constrictions and sequential effusions.

Sometimes soreness of the throat, enlargement of the tonsils, suffusion of the eyes, with copious secretion from the lungs and fauces, attended by slight fever and hectic flushings, are precursors of a pad-like swelling reaching from ear to ear, involving the thyroid glands; and embracing the sympathetic nerves gives excruciating pain, with a sense of suffocation. The patient at times seems to forget to breathe, and soon mental aberrations are certain indexes of approaching danger. Pepper gargles and lie poultices will aid in effecting speedy suppuration of a diffused and erysipelatous kind, and frequent small abstractions of blood from the head and posterior neck should be resorted to. Blisters do harm. Tartarized antimony is necessary to allay the stomach if very irritable, or to arouse the intestinal canal from its torpidity.

Calomel and opium are of no avail during the inflammatory stage, and even subsequently must be used with great caution. The cerebral membranes are in a state like that occurring in badly-managed scarlatina, to which opiates seem not well adapted. Calomel given to any considerable extent under such concentrated action of disease is apt to increase the irritative fever, and very much impairs the subsequent sanative efforts of the mucous surfaces. Mercury also induces diabetes, which, prostrating the system, without separating from the blood the uric acid and other rough ingredients, very soon causes stupor, and whilst a bounding full pulse is felt, the lungs are in the act of ceasing to breathe.

The disease in its worst aspects of cranial and pneumonic danger occasionally varies by a transfer of inflammation to the stomach, and finally to the lower intestines. Now, the tongue becomes coated with a dense mucus, under which it appears very red, and towards the root assumes a dark livid hue. Yellow, green and coffee-ground fluids continue to be ejected for some days; and the bowels, during this period quite inactive, afterwards become painful from the quantity of retained mucus, and eventually (in most fatal cases) death ensues from copious discharges of red blood; from the kidneys and bladder, also, blood is in some instances freely thrown off.

The pyloric and cardiac portions of the stomach are sometimes nearly closed from muscular constriction and subsequent effusion into their coats. The cellular substance in *every part* passing through concentrated inflammatory action, seems peculiarly liable to suffer. Such typhoid indica-

tions will, under prudent management, never arise if the lancet has been early and sufficiently used. Cupping and leeching as near as possible to inflamed parts is very important. But the lancet can only be used, in many cases, after an equalized excitement, to some extent, has been effected by means of tartarized antimony. I have seen no one killed by the use of tartar emetic and the lancet, while many have passed to an early grave for the want of these remedies. The alterant and slow action of antimony seems to have some specific influence over the grippe. A cathartic composed of one eighth of a grain of tartar emetic, with as much colocynth and jalap as will cause active hydragogue effects, is a very indispensable auxiliary in the treatment, and all acids of the vegetable kind may be usefully employed.

But the grippe does its greatest execution by attacking the substance of the lungs. This organization conveys but little sensation of distress to the brain, until serious structural derangement has occurred. In the air cells effusion happens, and *clusters resembling ripe bunches of grapes rapidly forming*, destroy the patient without decay of the lungs or much expectoration, in the course of six weeks or at most as many months. The hectic fever, night perspirations and rapid diminution of the muscular system, are sure indications of early dissolution.

To some superannuated parties the strange excitations about the cerebellum and other nervoid connections, impart a renovation of ancient vigors. Many infants die under a species of tabes mesenterica, during which the brain, nervoid plexuses, the lungs and muscular system, undergo damages evidently of the grippe peculiarity.

Females from 12 to 18, and males from 18 to 24 years of age, are in most danger from the pulmonic grippe. Such parties, during the active inflammatory stage, should be put under a strenuous depletory treatment, and as early as practicable they should adopt a nutritious system of dieting, with as little use of any medicine as circumstances will permit. It is safer for such to wrap in warm flannels to be often changed, and even sleep nightly *in open camps*, than to occupy the best provided rooms without constant ventilation. Pills composed of oxide of bismuth, kino and parched rhubarb, sometimes arrest early diarrhoea with much advantage to the patient. The presence of several grippe patients in one room should not be willingly allowed in any case. In a *close, warm building*, the presence of six grippe patients, for one hour, might cause two thousand out of three thousand healthy people to feel the grippe within twenty-four hours. I deem it also certain that the effluvia from diseased parties becomes, through chemical agency, much more virulent in confined rooms, *for days and weeks after the patients may be removed*, if such apartments be not thoroughly cleansed by water, lime or other purifying agencies. Dr. Beddoes's pulmonic patients appear to have been mostly of the grippe order.

Very few public speakers or singers in the United States have not, for a time, had their voice more or less impaired by the grippe; and it is worthy of remark that suppurations within the ears, or about the exterior angles of the under jaws, rarely fail to relieve the impaired powers of

the vocal organs. I have witnessed gradual and considerable waste of the soft textures about laryngeal parts, and at the same time the thyroid glands are apt to be found enlarged with an undeniably increased size of the superior cartilages belonging to the trachea. The process of rectification is of course very slow and gradual, and during these changes more or less ulcerations about the tonsils give rise in some instances to vague and wrong impressions that some former taint of the system is again re-visiting it. The tonsils, if much enlarged, should be cut off, and Fowler's solution as a tonic and alterant can be relied on with much greater security than mercury. The grippe is likely to be an abiding disease in our country, and it is my opinion that already several new importations from Havana and Yucatan have taken place since its first appearance. Some persons think the tracheal inflammation and pneumonic fever of 1814-15 in the British and American armies, near New Orleans, differed very little from the severer forms of the grippe. The disease here referred to, extended over the United States between 1814 and 1817, and was commonly called the *cold plague*. I esteemed that disease as an epidemic of atmospheric origin, and never depending for its extension upon human contagion. It was not more like grippe than was pure cholera or yellow fever, and many other affections wherein death ensues before a proper febrile re-action is established.

In grippe, during the early stages of cases not denoting danger, a surprising and irregular generation of electro-galvanic forces is manifested, during which the intellectual functions are much disturbed. Alternate unreasonable elevations and apathetic depressions of intellect may be observed, and many complain of absolute *electric shocks within the brain*, particularly about the instant the body is passing into the sleeping state—a sensation like the sudden breaking of a musical string in the brain, gives instant notice over the whole frame, not without alarm to the patient. The long continuance of such symptoms results in most distressing palpitation of the heart, with a growing consciousness on the part of the patient that he may shortly expect to die, *suddenly*, after the manner of apoplexy or epileptic dissolution of life. In this condition, want of exercise or *sleep* is no less dangerous than over-eating or excessive anxiety of mind. The intellect is weak, and must be constantly diverted from absorbing topics. Epsom salts have a kindly influence, and so have, also, cathartics of cream of tartar and jalap. Acids of all kinds are very ameliorating to such symptoms, while opiates and all stimulants, not carefully used, are absolutely dangerous. Above all things, let the honest practitioner convince his patient that but a small per centage of grippe cases demand the use of active medicines, and that much medicine in any case must be hurtful. Patients must avoid nostrums and quacks, as they would death, and either rely on the slow renewing energies of nature, or the cautious prescriptions and consolations which only the skilful physician can give them. Thousands of all ages, in the United States, have died within a few years past under that condition of brain here described. In the acute form of grippe fever, many die with convulsions most distressing to look upon.

Under the views presented, it is inferable that grippe is one of those maladies which can implant itself and constitutionally be manifested at dates several years apart. Admitting the general justness of the account I have so hastily and imperfectly given of this affection, it may be safely concluded, that it is far less dangerous than is smallpox, measles or scarlatina.

Will you give me your opinion, or the result of your observations, upon the grippe? Is it a disease new in this country, and likely to be perpetuated? or is it merely one of the forms assumed by ordinary epidemic pneumonia? The latter opinion is common among the western physicians. I have heard few admit that grippe is a disease of character distinct from the old and well-known epidemics of our country. During the last six years, and particularly the last three, grippe has certainly given a cast to many of our acclimated diseases, now difficult to be removed, and the effects of which, for years to come, will be most probably seen and acknowledged.

My chief reason for calling your attention to this form of disease, is the urgent necessity of arresting the late alarming extension of pulmonic fevers, and the increase of sudden deaths by cerebral disturbances. Let the obituary tables be examined, and all must see that renewed vigilance from our profession is called for towards the heavy proportion of deaths occurring by fevers of the brain and the lungs.

After ten years' observation, so far as known to me, no regular or systematized plan of treatment has been adopted by the profession for that state of disease we have designated as the grippe. The patients commonly die unexpectedly under a waiting system of therapeutics, or from the evil effects of reliance on calomel, opium, and very slight bloodletting. If death did not in so many cases suddenly cut off the grippe patients, suffering by cerebral sub-acute inflammation, an immense increase of insanity might now appal our country. As the disease becomes milder in its character, so many sudden deaths will not occur, and a consequent great increase of insane patients may be expected to stock the infirmaries or lunatic asylums.

Of all remedies for grippe, change of place and of clothing is the most important after the first ten days, during which time persons severely attacked could not with safety be in travelling condition. After ten days the contagious influence is lost, except in cases where the *lung is inflamed*; and in my opinion after five or six weeks even here the disposition to be communicated to others is mostly if not entirely lost. After any considerable part of the air cells become hepatized, there is no cure—the skin loses its smoothness and becomes anserinous—the cough has a sonorous brassy tone—the feet are tumid and the *heels very painful*, with many other symptoms craving after the end of life.

I am very respectfully yours, &c.

ALEXANDER M'CALL.

N. B.—In Italy, centuries ago, grippe, or a disease like it, existed as a plague, and it seems to have induced the opinion that certain lues affections atmospherically accompanied it. This suspicion was founded on

the mere similitude of glandular affections belonging to both diseases. Among the young classes of gripe patients, like suspicions, promoted by professional pretenders, have of late in this country led thousands to adopt modes of treatment highly injurious and most fatal in all forms of gripe disease of the lungs and head. This fact physicians of judgment may in most towns witness. For want of time and practical experience, I would under no circumstances discuss these subjects with any disputant.

A. M.

RADICAL CURE OF HERNIA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In addition to the cases of radical and entire cure of different varieties of hernia by surgical operations, which I have furnished for your Journal from time to time, I now report four other cases which I have treated according to the method explained in my first communication under date of Jan., 1843. The evidence which would and which should be most satisfactory and conclusive in regard to the practicability of the operation and treatment in question, must be found, if at all, in the results of that operation and treatment. Thus far they have been favorable. No instance of failure has occurred in my practice, as yet, where I have had full opportunity to carry out the whole treatment; and I think my experience is sufficient to justify me in expressing the opinion that in ninety cases out of a hundred of all reducible herniæ, a perfect cure of the disease can be effected by the mode of surgical treatment to which I have alluded.

Yours truly,

G. HEATON, M.D.

No. 7 Winter street, October, 1844.

CASE I.—G—— C——, of Boston, aged about 20 years, of thin, spare habit, and of active life, applied for treatment, March, 1844. This patient had been afflicted for several years with oblique inguinal hernia of right side, and femoral or crural hernia on the other. His life had been in great danger but a few days before he came under my care for radical cure, from strangulation of the femoral hernia of the left side, which was with difficulty relieved by the taxis. It was found, on examination in the erect position, that the bowel of the right side had descended freely into the scrotum, forming an enlargement there of the size of a hen's egg; and that of the left, when the patient was directed to cough, of the size of an English walnut. Both herniæ now could be easily reduced when the patient resumed the horizontal posture. He had never worn a truss rightly fitted. The operation for radical cure was performed on both sides without any delay, giving but little pain, and without complaint. Two very light spring trusses were applied, which succeeded in retaining both herniæ within the cavity of the abdomen, and the patient was permitted to walk to his meals regularly. On visiting him from day to day, I found that the operation had produced the usual amount of irritation and soreness in the inguinal and femoral regions, to effect a

reunion of the hernial openings. After a week or ten days he was able to return to his business; the external ring of right side was found, on close examination, contracted to less than its natural size, and unusually well defined by its thickened edges; that of the femoral region of the other side was completely obliterated by adhesions. I directed the patient to continue the use of the truss, as a precautionary measure, for a few months. For the last two months he has been in the habit of leaving off both instruments, more or less, and pursuing his business actively without accident or any indications of a return of his old difficulties. He is in fact perfectly cured.

CASE II.—M—— B——, of Boston, aged 52 years, strong, muscular and quite fleshy, but of good general health, with the exception of an occasional attack of rheumatism, had been accustomed to active exercise, lifting of heavy weights, &c., in doing which on one occasion he distinctly felt something give way in his groin. He immediately examined the part, and to his surprise discovered a swelling in the scrotum of right side, half as large as the fist. He consulted a truss-maker in the city, who applied his usual remedy in like cases; but finding no relief, not being able to retain the protruding parts, for more than two or three hours at a time, he was induced by a friend to consult me, June 12, 1844.

From ten to twelve days transpired in preparatory treatment of fitting trusses, &c., before the desired retention of the protruding parts could be effected to entire satisfaction. The operation for radical cure was performed June 23, without much inconvenience to the patient. He was directed to lie upon his bed three days, getting up only long enough to take his meals and attend to the calls of nature. It was deemed absolutely necessary in this case to confine the patient to his bed, for a few days, in order to effect a complete retention of the hernial tumor, so that the curative process of adhesions might not be interrupted by the constant and strong tendency existing in the parts to protrude externally. There has been no descent of the hernial tumor, in this case, on the removal of the truss for two months past. It has been successfully and thoroughly tested for about that length of time (as the patient informed me yesterday that he had lost his truss, and had been obliged to go without one). He considers himself as strong as before the accident happened, and says that he performs the usual amount of labor and exercise without any inconvenience. The external abdominal ring is smaller, the edges thicker, and better defined, and it offers much more resistance to the finger than that on the other side.

CASE III. is that of an infant of about 11 months, of delicate and feeble frame, belonging to Mr. W., of Boston. It had been ruptured from birth; congenital scrotal of right side. The mother and nurse found it almost impossible (as they stated to me) to keep the bowels retained within the cavity of the abdomen, in consequence of a severe cholera infantum which had set in, threatening the life of the child, and from the almost incessant crying, straining, &c. In this unfavorable situation I was called to see the patient for the first time. Believing, on close examination,

that the life of the child depended on the reduction, retention, and final cure of the rupture, I was induced to take charge of the case. The contents of the hernial tumor were returned into the cavity of the abdomen, and retained there by the application of bandages; the operation was performed without further delay, which produced sufficient adhesion and consequent closure of the openings, effecting a radical cure in from three to four weeks from the day of the operation.

CASE IV.—R—— H——, of Boston, aged 59 years; good constitution, accustomed during his whole life to hard labor; states that four years ago he ruptured himself on right side at hard lifting on board ship, and that three years ago he ruptured himself on left side. He says that he has tried a variety of trusses since the accident happened, all of which had failed in retaining the protruded intestine, but for a short period—that for the last year and a half he had suffered great pain while at work, from the constant protrusion below his truss—that he has, in fact, for the year past been obliged to give up hard labor and lifting altogether. Patient consulted me first in relation to his case, April last, and on examination I found him with two large femoral or crural herniæ. Not being able to effect retention by the means of a double spring truss, without laying him up from business, the operation for a radical cure was not performed at that time.

August 23.—Patient called at my office and requested me to give him the operation; that he was unable to do any work, so great were his sufferings from protrusion and excoriation of the skin produced by the truss. The operation was performed on both sides at an interval of one day, and patient directed to keep his bed in order to retain the herniæ within the abdominal cavity. The femoral rings or openings in this case, before the operation, were large enough to admit freely the finger by inverting the loose puckered skin which lay folded up. In about ten days from each operation, the hernial or crural rings or openings were examined carefully, and found to be closed. It was necessary to repeat the operation on the left side, the patient not being able to keep the bowel retained for the first two or three days, immediately after the operation upon that side. No signs of the herniæ or hernial sacs of either side can be detected at this time (two months since treatment was discontinued). He says he feels like a new man, and can perform his usual amount of labor with vigor.

LUNATIC ASYLUM IN HAVANA.

NEAR to the Campos Santos is the Lunatic Asylum, and I had so often heard of the filthy state of Spanish jails, &c., that I thought it was well placed so near to the cemetery that I had just visited. However, determined to attempt an entrance, I informed the keeper that I was an American physician, and wished to see the interior arrangements of the establishment. He politely invited me to enter, and putting on his coat, accompanied me through the different apartments.

The building was of one story, about twenty-five feet high, with a dead wall on the outside, and separated into three different sections, each opening into a central square, and communicating with each other by large doors, while lofty porticos formed around each square cool promenades. The sleeping-rooms were very airy and clean, and it was apparent from the number of beds in several, that many were not subjected to solitary confinement at night. There were, however, in smaller rooms sets of stocks, in which, as a punishment, four or five of the more furious were confined, some by one, others by both legs. They appeared sensible of the cause of their punishment and were quiet. One, however, had just torn in pieces a strong shirt which the servant brought to the keeper, who expostulated, rather than reprimanded him for having destroyed it. There was much kindness in his bearing towards the inmates, and from his benevolent countenance, I believe it was not put on for the moment, while under the eye of a stranger.

There was one, confined in a comfortable room, busily employed in writing petitions to a friend. He asked me if I were an Englishman, and gave me one to read. It was written in pure Castilian, and no one would have thought, that the brain which had composed it, and which could so sensibly comment on the acts of the insane around him, was itself deranged. It contained, however, one glaring mark of folly; a request that his friend, on the score of his former intimacy and regard, should loan him a small sum of money. I begged him for the copy, but he brought me another, which he said was just as good, for which I paid his charge, one rial, amid the winks and smiles of the other insane inmates who had crowded around the window, and who seemed much amused at the delusion under which he labored, themselves well assured that their own brains performed their functions faithfully.

The third ward was appropriated to the colored insane, and here I found no material difference in the accommodations for Afric's sons from those for the whites. The yard was filled with clothes that had been washed, and were drying in the sun; the keeper informing me that the work was done by the inmates every two days; thus affording them an occupation, while it tended to preserve cleanliness. Next to this was a kitchen guarded by a bolted door, through a crack of which one hungry fellow was anxiously peeping at the preparing meal, but sneaked away when we approached, quite ashamed at having been thus surprised. There was a large pot of very white boiled rice, and another full of vegetables and meats, the favorite *olla podrida* of the Creole, though probably not as savory as that on private tables. Still everything appeared to be clean, and the two cooks were very enthusiastic in showing me the contents of the pots, one of them at the end asking me for a fee, for which the keeper reproved him. Around the paved yard was an open drain, through which rushed a rapid stream of water, quickly removing the refuse from the whole establishment, into the open sea; while a bathing establishment, supplied by the same stream, offered that most necessary luxury to the inmates. Throughout the whole, an air of great cleanliness and comfort reigned.

On my return, in passing through the first ward, a fine-looking man, with an Anglo-Saxon face, was pointed out to me, who told me that he was a Welshman, and once the captain of a vessel. I congratulated him on his good quarters. "Ah! sir," he replied, "you would not think them such if you were in my place." He, however, acknowledged that he was kindly treated, and, with some hesitation, asked for a rial, observing that the times were hard. On giving a couple to him, the whole crowd of maniacs clustered around me, vociferating for their share; and one stout negro, who had followed us from his own quarters, finding that his demands were unheeded, became furious, and with threats and abuse followed closely behind me. The keeper informing me that at times he was dangerous, and advising me to take no notice of him, which advice I found very difficult to follow, we hurried out and closed the door in their faces. On re-entering his lodge, he asked me what refreshments I wished, and begging him for a tumbler of water, for it is usual to accept something, a refusal being almost a breach of politeness, I left him with many thanks for his attentions.—*Notes on Cuba.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 30, 1844.

Peculiarities of Vision.—A philosophical friend, residing at Hartford, Conn., says there is a little girl in that city, not yet four years old, who has been indulged for a year or two in *reading pictures*, as the mother calls it; and for some time past it has been observed that she can read them about as well when inverted as when right side up. The other day, on being required to picture a little girl on a black board, she made several attempts, but the last and best was upside down. It was made, too, with wonderful rapidity. A question has been asked, in regard to this child—is there any thing peculiar in the structure of her eyes? or is the power of drawing pictures upside down referable to accident, the power of habit, or innate perception of what the picture should be without reference to the position of the head or feet?

Printers read their type backward and upside down, and correct all proofs in that manner, without exciting surprise. Engravers cut letters and sentences backward, as well as forward; and map-makers probably can work the gravers backward best. Limners pay no regard to up or down, but draw and paint according to order or the promptings of their own genius. There are many trades followed, in which there is a complete inversion of things, and yet the eye takes no cognizance of the circumstance. In all these instances, the mind simply makes use of the eye to *perceive*, and corrects apparent mal-positions. The little girl alluded to has been practising with the pictures till she recognizes every line in them, let them be presented as they may. She draws, too, upon the same principle that the printer reads the inverted type—by a regular training to a particular process. She has probably made more pictures

than our friend suspects. If she had never made a previous attempt, then it would be fair to conclude that the peculiarity, which excites his surprise, is referable to the brain and not in the eyes.

The Transylvania School of Medicine.—An extra half sheet of the Inquirer, from Lexington, Ky., has seven and a half columns exclusively devoted to the consideration of the present condition of the Transylvania Medical School. The article is signed by T. B. Pinckard, M.D., who appears to be actuated by a high and honorable motive. Dr. P. asserts that the School has deteriorated, and is still waning. After discussing a variety of topics collaterally connected with the character of the University, the writer finally imputes the difficulties with which the Institution has to contend, to the selfishness of one of the faculty, who has grasped, he maintains, too many of the loaves and fishes, having held on to two chairs, when all experience is in favor of sitting in one at a time. Dr. Dudley is represented as the cause of all the lost reputation—while the great public believe his name gave it much of the distinction it has enjoyed. Much is said of Dr. Bush's incompetency for lecturing on anatomy and physiology—a gentleman who undertook a part of Dr. Dudley's duties. Those who have left the board of faculty are represented as having done so in consequence of disappointment or disgust. Some fault is also found with the recent appointments.

We have recently been at Lexington, and although we inquired with considerable interest into the past and present history of the Medical Institution, we were not made aware that the case was so desperate as this extra represents. A screw is unquestionably loose, but how it happened, or what the effect may be on the future operations of the school, cannot be readily determined. That those who are most interested in the good name and future success of a school of such extensive influence as this has possessed for many years, should exert themselves for the preservation of its character, cannot be doubted. As there is strength in union, so there is wisdom in right action.

Patented Surgical Instrument.—Readers of the Journal may perhaps recollect an account that was published in our pages, about a year since, of an invention by Dr. Jarvis, of Conn., for reducing luxations, which was called an *adjuster*. Dr. J. has patented it in London. Within a few days we have seen a great sheet of parchment, containing letters patent from the patent office of Great Britain, attached to which is nearly a pound of wax in a tin box, on which is impressed the great seal of England. The cost was about 150 pounds sterling—being, at the present rate of exchange, not far from eight hundred and seventy-five dollars. Another was also received in town from the patent office of France, where Dr. Jarvis's agent also took out letters patent, that has cost a round sum. The adjuster had been previously patented at Washington. After having taken such precautions to secure to himself, from three or four governments, the exclusive benefits accruing from the sale, the presumption is conclusive that Dr. Jarvis expects the universal adoption of his instrument. In the first place, an active trade must be driven, to reimburse the inventor for a prodigious outlay of expense. But unless the price is

much below that which was asked when the adjuster was exhibited to the profession of Boston, very few surgeons will feel able to have it. No one would think of doubting the utility of the machine, however much they might object to the cost. The fact is, the patentee must either sell for a reasonable profit, or suffer the mortification of seeing it in a measure neglected. A few wealthy operators and well-endowed hospitals might own one a-piece; but that is far from stocking the world with them, as unquestionably contemplated. In order to accommodate those of us who have limited means—being, after all, the class on whom the doctor must look for extensive patronage—the price demanded should certainly not be extravagant. A quick shilling is better than a slow pound.

Vermont Asylum for the Insane.—We learn from the Eighth Annual Report of this institution that there were remaining at the close of the last year, 136 patients; admitted during the present year, 96—making 232 the total for the year. Discharged, 74; now remaining, 158. Of those discharged, 51 have recovered. Of those discharged who had been insane but six months, 89 per cent. recovered; while of those who had been insane more than six months, only 34 per cent. recovered. Since the last report, the buildings of the Asylum have been enlarged by the addition of about sixty rooms, making accommodations for 200 patients. The income the past year has been \$581 14 more than the expenditures. The Asylum Journal continues to be published in the institution, and affords great benefit to the inmates, by the occupation furnished and by the reading matter brought in, in the shape of exchanges with other periodicals.

American Books in England.—The London Lancet has favorable notices of three American books in a recent number. These works are Dr. Bedford's Translation of Chailly's Midwifery, Dr. Caldwell's Thoughts on Physical Education, and Dr. Sweetser's Mental Hygiene. Dr. Dunglison's Human Physiology, and Dr. Mutter's report of Plastic Operations, are also highly spoken of in the British and Foreign Med. Review.

Insanity.—An important medical convention has been held in Philadelphia during the past week, the subjects in discussion being in relation to the medical and moral treatment of the insane; the construction and organization of hospitals for the insane; the jurisprudence of insanity; prevention of suicide; statistics of insanity; asylums for idiots and for colored persons; and the prevention of insanity, and insanity in prisons. These subjects, after a full and able discussion, were referred to appropriate committees, to report at the present or a future meeting of the convention.

The different institutions for the insane were represented by the following gentlemen:—Dr. Ray, of the Maine Hospital; Dr. Bell, of the McLean Asylum; Dr. Woodward, of the Massachusetts State Hospital; Dr. Stedman, of the Boston City Hospital; Dr. Cutter, of a private institution at Pepperell, Mass.; Dr. Butler, of the Hartford Retreat; Dr. Brigham, of the New York State Hospital; Dr. Earle, of the Bloomingdale Asylum; Dr. White, of the Hudson Lunatic Asylum; Dr. Kirkbride, of the Pennsylvania Hospital for the Insane; Dr. Awl, of the Ohio

Lunatic Asylum; Dr. Stribling, of the Western Asylum of Virginia; and Dr. Galt, of the Eastern Asylum of the same State.

Medical Miscellany.—Dr. Brown, of this city, has removed his Orthopedic Institution from Pinckney to 49 Chambers Street, where we understand he has extensive accommodations for his patients.—Smallpox and varioloid are again prevalent in Cincinnati.—Dr. E. W. Green, of New Bedford, has been nominated as a candidate for representative to Congress.—The Herald of Health, for October, says that a physician of New York, whose white head and trembling limbs give ample evidence of old age, has been committed to the jail limits by order of the chancellor, for non-payment of costs, which he was unable to pay.—The physicians of the Cincinnati Dispensary conduct a publication, says an exchange, called the Journal of Health. Why don't we have one?—An autopsy, in France, disclosed the fact that a man had lived thirteen and a half years with only the remnant of a spleen, no larger than a filbert, and yet he had been in excellent health. Thirteen years before, he was wounded in a quarrel, and the spleen being injured became gangreous, and being also protruded, was removed.—Dr. Wm. B. Carpenter, author of the System of Physiology, has been elected Professor of Physiology in the Royal Institution of Great Britain.—The complete works of the great Sydenham, edited by Dr. Greenhill, have been published by the Sydenham Society. No copies in this part of the world yet.—A skeleton of an animal, reputed to have been fifteen feet high, has been discovered recently at Independence, Warren Co., N. J., by Abraham Ayres.—The smallpox is raging at Falmouth, Jamaica, chiefly among the negroes lately landed from captured slave ships.—It is assumed that the yellow fever at Woodville, Miss., was introduced there from Galveston, Texas, by a travelling preacher.—Dr. Lewis amputated an arm at Braintree, Mass., last week, in consequence of its being shattered by the bursting of a gun.—The collection of surgical instruments brought out from France, by Dr. Bodinier, now of New York, probably exceeds that of any other surgeon in this country.—Dr. Charles H. Stedman is re-elected Superintendent and Physician of the Boston Lunatic Hospital.—A whole family was lately poisoned in London by the use of ornamental sugar, in the preparation of which the sulphate of copper was largely employed.—The London Lancet, which was greatly enlarged last year, is to be still further augmented in the capacity of its pages.

MARRIED,—At Deer Isle, Me., Dr. A. A. Herrick to Miss Sarah H. Spofford.—At Gardner, Me., Dr. Martin Gay, of Boston, to Miss E. Allen.—In London, Edward Hogg, M.D., to Miss E. Darkheim, of the United States.

DIED,—In Boston, Frederick Hartmann, M.D., 30, a German, who by honest, persevering professional industry, gained the respect of all who had the pleasure of his acquaintance.—At Lebanon, N. H., Dr. Phineas Parkhurst, 85, a Revolutionary soldier.

Number of deaths in Boston for the week ending Oct. 26, 50.—Males, 30; Females, 20. Stillborn, 6.

Of consumption, 6—cholera morbus, 1—intemperance, 3—typhus fever, 5—inflammation of the windpipe, 1—scarlet fever, 8—dropsy in the brain, 3—fits, 1—old age, 1—infantile, 1—inflammation of the lungs, 1—marasmus, 4—hæmorrhage, 2—convulsions, 2—lung fever, 1—canker, 1—debility, 1—syphilis, 1—dropsy, 2—erysipelas, 1—asthma, 1—child bed, 1—unknown, 3.

Under 5 years, 19—between 5 and 20 years, 5—between 20 and 60 years, 21—over 60 years, 5.

The Northampton (England) Lunatic Asylum.—The Governors of this institution, of which Dr. Prichard is the Superintendent, have lately had an unpleasant matter before them. It seems that a lady was admitted to the Asylum in a state of considerable excitement, being carried thither by Mr. Marshall, the house-surgeon, from a place in the neighborhood where her husband had recently left her, and from whence she had once escaped. She had been subject to flooding, and on her journey to Northampton with her husband was otherwise sick and weak. On admittance, Mr. Marshall first placed her in a bath, and then put her to bed in a private room, and ordered beef-tea and brandy. She then had uterine hemorrhage, but during that day and next was quiet, took light food, and the first night slept well. The second night she was better, was locked up at half past 10, but the next morning at 7 was found dead by the nurse, in the same position as when left. Dr. Prichard was unwell, and had not seen the patient at all, but after death directed Mr. Marshall to examine the head, chest and abdomen. A rupture of the ileum, of the size of the little finger, was found, through which the contents of the intestines had escaped into the abdomen. Two feet of the small intestines were inflamed and ulcerated; there was chronic inflammation of the bowels, and the uterus was gorged with blood. The abdomen only was opened. Dr. Prichard was not present, but saw the body next morning and found the same lesions as Mr. Marshall. In the mean time the husband of the patient had arrived, and on account of his surprise and various rumors abroad, an inquest was held. The body was examined by two surgeons, but decomposition had advanced, and nothing new was elicited, and they did not find the intestinal rupture. The verdict of the jury was, that "the deceased died from rupture of the smaller intestines, but how such rupture was occasioned there is no evidence to the knowledge of the jurors." The remarkable features in the case were the absence of the violent symptoms which usually follow perforations of this kind, and of those also which accompany inflammation of the intestines. This might be accounted for by the insanity of the patient rendering her remarkably "tolerant" of disease, as is often the case with the insane. The chest and head, however, should have been inspected. At a meeting of the Governors a resolution was passed, blaming Dr. P. "for not having visited Mrs. Lindsey from the time of her admission to the time of her death, being two nights and one day, and also for having ordered the house-surgeon to institute a *post-mortem* examination without the knowledge of the husband, and for not himself assisting at the examination." Another charge against Dr. P. was that of intoxication, which it was alleged caused his indisposition, when the patient was admitted. This was not proved, although one or two witnesses stated that they had seen him at other times slightly excited, but not wholly from inebriating liquids. In view of the whole matter, the Governors, as we learn from the *Lancet*, passed also the following resolution—"That in consequence of the aggravated charges which have been brought against Dr. Prichard, it is the opinion of this meeting, that for the time to come there be appointed some medical visiter or visitors, who shall have authority independent of the superintendent of the Asylum, to inquire into the practice of the said superintendent, and the general treatment of the patients, and report from time to time thereupon to the committee of management."

Dr. Prichard has been six years at the head of the Asylum.